

Edward Hines Jr. VA Hospital

# HINES HERO

*Serving with Pride*

Fall 2014

Official Newsletter of the Edward Hines Jr. VA Hospital

Vol. 2, Issue 1





# table of [CONTENTS]

|                                     |    |
|-------------------------------------|----|
| Commentary                          | 2  |
| Veterans Choice Card                | 3  |
| Veterans Food Pantry Now Open       | 4  |
| VA Leads in Breast Cancer Screening | 4  |
| Male Breast Cancer on the Rise      | 5  |
| CLC Vets Enjoy Chicago-Style Lunch  | 6  |
| The Flu Shot: Why Get Vaccinated    | 7  |
| Word on the Street                  | 7  |
| Back in the Day                     | 8  |
| Quarter in Review                   | 9  |
| VA Fights Identity Theft            | 11 |
| Two Forms of ID for VHIC            | 11 |
| Employee Spotlight                  | 12 |
| Safety Spotlight                    | 13 |
| Construction Updates                | 15 |
| Did You Know                        | 16 |
| Upcoming Events, Observances        | 18 |

## The Hero

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PUBLIC AFFAIRS OFFICER  
Charity Hardison

MEDIA SERVICE STAFF  
Oscar Bedolla Dan DuVerney Helen Grigsby Jerry Maloney  
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(708) 202-5627

Hines on the Web:

<http://www.hines.va.gov>

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# COMMENTARY

## An Open Letter to America's Veterans



At the Department of Veterans Affairs (VA), we have one of the most noble and inspiring missions in Government. I accepted this job and joined this mission to better serve you—our Veterans—and improve the delivery of the care and benefits you have earned. It is our privilege to serve you, and I have made clear that as we move forward as a Department, we will judge the success of all our efforts against a single metric—the outcomes we provide for Veterans.

The Veterans Access, Choice, and Accountability Act of 2014 (VACAA), enacted less than 3-months ago, goes a long way toward enabling VA to meet the demand for Veterans health care in the short-term. VA has put considerable focus and attention on ensuring the law is implemented seamlessly, without confusion, and without creating hardships for Veterans. This legislation provides authorities, funding, and other tools to better serve Veterans in the short-term. We are appreciative of this temporary measure to improve access while we build capacity within the VA system to better serve those who rely on us for health care.

From June 1 to September 30, 2014, VA completed more than 19 million Veteran appointments in our facilities and made nearly 1.1 million authorizations for Veterans to receive care in the private sector and other non-VA health facilities—a 46.6-percent increase over the same period in 2013. This was all done under existing programs prior to the passage of VACAA, and sets the stage for strengthening existing partnerships between VA and the private sector. We have much we can share with one another to the benefit of Veterans.

VA has signed contracts with two private health care companies to help VA administer the Veterans Choice Program (Choice Program) under VACAA. The Choice Program is a new, temporary benefit allowing some Veterans to receive health care in their communities rather than waiting

for a VA appointment or traveling to a VA facility. It does not impact your existing VA health care or any other VA benefit you may be receiving. We will begin implementing this benefit on November 5, as required by law. A call center is now operational to answer your questions and verify your eligibility for this program.

As part of this new program, we are issuing a Veterans Choice Card to every Veteran who is potentially eligible for the new, temporary health benefit. The Choice Card allows Veterans to elect to receive care outside of VA when they qualify for the new program based on the distance of their residence from a VA care facility, or when wait times for VA health care exceed the standards established in law. The Choice Card does not replace the identification card you already use to access other VA benefits; please do not throw away that identification card.

The Choice Card will be issued in three phases. The first group of Choice Cards along with a letter explaining eligibility for this program is currently being sent to Veterans who may live more than 40 miles from a VA facility. The next group of Choice Cards and letters will be sent shortly thereafter to those Veterans who are currently waiting for an appointment longer than 30-days from their preferred date or the date determined to be medically necessary by their physician.

The final group of Choice Cards and letters will be sent between December 2014 and January 2015 to the remainder of all Veterans enrolled for VA health care who may be eligible for the Choice Program in the future.

We are continuing to work with our partners—Congress, Veterans Service Organizations, and others—to get the information about this health program out to Veterans in as many ways as possible. Please visit our Web site at [www.va.gov/opa/choiceact](http://www.va.gov/opa/choiceact) where we have provided helpful information on Choice Program eligibility. We will work with our partners to keep you informed as we improve our delivery of high-quality, timely care.

Thank you for your service and sacrifice.

**Robert A. McDonald**  
Secretary of Veterans Affairs



## On the cover:

Edward Hines, Jr. VA Hospital employee and Navy Veteran Richard Mahario is photographed in his military uniform and his civilian attire in honor of Veterans Day.  
(Photo by Dan DuVerney, Hines Media Service)



# Veterans Choice Card: What You Should Know

On Aug. 7, President Obama signed into law the Veterans Access, Choice, and Accountability Act of 2014 (VACAA). Section 101 of VACAA requires the Department of Veterans Affairs (VA) to establish a temporary program to improve Veterans' access to health care by allowing eligible Veterans to elect to use non-VA health care for a period of up to three years, based either on the distance a Veteran lives from a VA facility, or if he or she is experiencing wait-times beyond the 30 day standard. This is referred to as the Choice Program.

The Choice Program is a new, temporary benefit that allows some Veterans to receive health care in their communities rather than waiting for a VA appointment or traveling to a VA facility. The first round of Choice Program cards, along with a letter explaining the program, was issued on Nov. 5 to Veterans who are eligible based on their place of residence. VA is now engaging in the next phase of its rollout –eligibility explanation letters are being sent to Veterans waiting more than 30 days from their preferred date to be seen or considered medically necessary by their physician.

The VA began mailing Veterans Choice Cards on Nov. 17 to Veterans currently waiting more than 30 days from their preferred date or the date that is medically determined by their physician for an appointment at a VA facility.

To improve service delivery, VA has prioritized efforts to accelerate Veterans off of wait lists and into clinics through the Accelerated Care Initiative begun over the summer. Through this initiative, VA medical centers have increased access to care inside and outside of VA, added more clinic hours and work days, deployed mobile medical units and shared their best practices from VA's high-performing facilities throughout the organization.

A Veteran must have been enrolled in VA health care on or before Aug. 1, or be eligible to enroll as a recently discharged combat Veteran within five years of separation. Additionally, a Veteran must also meet at least one of the following criteria.

a) The Veteran is told by his/her local VA medical facility that he/she will need to wait more than 30 days from his/her preferred date or the date medically determined by his/her physician.

- b) The Veteran's current residence is more than 40 miles from the closest VA health care facility.
- c) The Veteran resides in a location other than Guam, American Samoa, or the Republic of the Philippines and needs to travel by plane or boat to the VA medical facility closest to his/her home.
- d) The Veteran faces a geographic challenge, such as extensive distances around water or other geologic formations, such as mountains, that presents a significant travel hardship.

If an eligible Veteran has another health-care plan, VA will be secondarily responsible for costs associated with non-service connected care and services furnished to eligible Veterans through the Choice Program and primarily responsible

for service connected care.

When a Veteran receives care from an eligible non-VA health care entity or provider, the entity or provider must submit to VA a copy of any medical record information related to the care and services provided. This information will be included in the Veteran's medical record maintained by the Department.

VA will mail the Choice Card to Veterans enrolled in VA health care as of Aug. 1, and to recently-discharged combat Veterans who enroll within the five-year window of eligibility. Not all Veterans who receive the Card will be able to participate in the Choice Program – they must meet the criteria established under the new law.

For more info about the Chioce Act, visit: [www.va.gov/opa/choiceact](http://www.va.gov/opa/choiceact)

## QUICK FACTS ABOUT YOUR VETERANS CHOICE CARD

VISIT [WWW.VA.GOV/OPA/CHOICEACT/](http://WWW.VA.GOV/OPA/CHOICEACT/) FOR MORE INFORMATION.

Before your Veterans Choice Card can be used, you must first meet the following test of eligibility for Choice Card benefits. If, after following Step 1 of the test you are not eligible for benefits, just hold on to your Card - you do not need to call us.

### TO FIND OUT IF YOU'RE ELIGIBLE:

STEP 1

**PERSONALLY ASSESS YOUR ELIGIBILITY FOR CHOICE CARD BENEFITS.**  
Before you call us, ask yourself these four simple questions:

- 1) Have you been told by your local VA medical facility that you will need to wait more than 30 days from your preferred date or the date medically determined by your physician? **OR**
- 2) Is your current residence more than 40 miles from the closest VA health care facility? **OR**
- 3) Do you need to travel by plane or boat to the VA medical facility closest to your home? **OR**
- 4) Does a geographic challenge, such as extensive distances around water or other geologic formations, such as mountains, present a significant travel hardship?

STEP 2

If you answered yes to any of these questions, you may be eligible to use your Choice Card. **VERIFY YOUR ELIGIBILITY by calling 866-606-8198.**

When you call us, please be prepared to provide us with any other health insurance coverage you have, such as employer or union-provided health plans, so we can assess coverage responsibilities.

**IMPORTANT: If you do not receive approval, you may be responsible for some or all of the costs of the non-VA treatment you receive.**

### NOT ELIGIBLE RIGHT NOW? NO NEED TO DO ANYTHING! JUST KEEP YOUR CARD!

If you are not eligible to use the Choice Card right now, keep your card in a safe and convenient location. There is no need to call us.



THANK YOU FOR YOUR SERVICE TO OUR COUNTRY!

# Hines VA Opens Weekly Food Pantry for Veterans in Need

Edward Hines, Jr., VA Hospital, in coordination with the Greater Chicago Food Depository and AmeriCorps, opened one of the nation's only food pantries for Veterans at a VA hospital on Nov. 6.

The pantry expands the Food Depository's response to hunger among Veterans by providing fresh produce, shelf-stable items, meat and dairy to approximately 200 Veterans at a weekly distribution.

The innovative pantry aims to address a priority community – data from the Hunger in America 2014 study found that in Cook County, 18 percent of households served by the Food Depository's network include a current or former member of the U.S. Armed Forces. Additionally, there are more than 18,000 Veterans living below the poverty line in Cook County.

"At Hines VA Hospital, the care and well-being of our nation's heroes is our primary focus, and we are proud to offer this food pantry at our facility as a resource for

Veterans who need a helping hand," said Daniel Zomchek, Acting Director of Hines VA Hospital. "Our Veterans have made many sacrifices, and we are hopeful that the nutritious foods they will receive at the pantry will make a lasting positive impact on their quality of life."

The new pantry is the latest step in an increasing commitment to addressing hunger among Veterans

"No one should go hungry, and it's sad-denning to know the men and women who have proudly served our country in the Armed Forces struggle to access food," said Kate Maehr, Food Depository executive director and CEO. "The pantry at Hines expands our response to provide Veterans with the healthy food they need to live a fulfilling life."

The Hines VA food pantry is managed by an AmeriCorps member and staffed by volunteers. It is open Thursdays from 11 a.m. – 1 p.m. in the Hines Auditorium.

# New Service Chief

**Brooke Harris**  
Chief,  
Human Resources Management



Brooke Harris was appointed Chief of Human Resources Management here at Hines, effective August 11.

# VA Leads Nation in Breast Cancer Screening

by **Hans Petersen**  
VA Staff Writer

Breast cancer is the second leading cause of cancer deaths in women, following lung cancer. Besides skin cancer, breast cancer is the most commonly diagnosed cancer among American women.

About one in eight U.S. women will develop invasive breast cancer over the course of her lifetime. This makes breast cancer a serious concern for women Veterans.

According to Dr. Sally Haskell, Deputy Chief Consultant and Director, Comprehensive Women's Health, "The good news is that localized breast cancer has a 99 percent survival rate if detected early, and VA leads the nation's health care systems in providing mammograms to those who need them."

VA encourages all women between ages 50 and 75 to get mammograms every two years. VA encourages all women to talk with their provider about breast health and when your health care provider recommends a mammogram outside of that age range — VA will provide it.

Breast cancer risk varies among women. Explore your risk with your health care team. They can help determine when you should start receiving mammograms and how you can reduce your risk of developing breast cancer.

All VA medical centers have a Women Veterans Program Manager to help women Veterans access VA benefits and health care services. To find the VA medical

center nearest you, call 1-877-222-8387 or visit [www.va.gov/directory](http://www.va.gov/directory).

Women Veterans can call 1-855-VA-WOMEN (1-855-829-6636) to ask questions about available VA services and resources. Want to know more? Check out VA's dedicated resources for women Veterans at <http://www.womenshealth.va.gov/WOMENSHEALTH/programoverview/wvcc.asp>





# Male Breast Cancer: Rare Disease, On the Rise

by **Mitch Mirkin**  
VA Research Communications

“I woke up in the morning with a good-sized lump in my chest. At that point in my life I had no idea men could get breast cancer. I contacted my doctor and we set up the same test women usually get—a mammogram and an ultrasound followed by a core biopsy. The doctor called me to let me know I had breast cancer. It was the first time I knew I had breasts...”

That’s how one hard-boiled Marine recalls the beginning of his bout with male breast cancer. His story, along with that of others affected by the condition, is found on [semperfialwaysfaithful.com](http://semperfialwaysfaithful.com).

A recent study led by Dr. Anita Aggarwal, an oncologist at the Washington, DC, VA Medical Center, is the most extensive look yet at the prevalence of the disease among VA patients. She and her colleagues combed the VA Central Cancer Registry to learn more about how many men in VA have the disease and how it compares with breast cancer among female Veterans who receive care in VA. Aggarwal presented the findings at a meeting of the American Society for Clinical Oncology in early June.

“In the general population, it’s very rare,” points out Aggarwal, noting that fewer than one percent of breast cancer cases occur in men. She says it’s on the rise, though, with data showing a 26 percent increase from 1975 to 2010.

Scientists don’t yet have a handle on why that is, but they do know that men

with breast cancer are typically diagnosed at a later stage than their female peers.

“With men, there’s a delay in detection,” says Aggarwal. “There’s less awareness, no screening. And men don’t palpate their breasts every month, as do many women. All these factors combine. *Many similarities with female breast cancer*”

A quick biology lesson: Men not only have breasts, but they also have milk ducts. And that’s where the majority of male breast cancer originates. It’s a form of the disease called invasive ductal carcinoma.

And just as the BRCA genes, among others, can help predict which women are at risk for hereditary breast cancer, the same is true of men. It turns out that men who test positive for the BRCA 1 or BRCA2 mutations are also at higher risk. But men are far less likely to proactively get the test. Some do if they have a family history of breast cancer.

The similarities extend to treatment. As with women, surgery is one option, especially when the cancer is still localized to the breast and hasn’t spread. “Because they only have a small amount of breast tissue, in most cases they end up getting a mastectomy [removal of the entire breast] instead of a lumpectomy [removal of only the cancerous lump],” says Aggarwal.

And although men and women have a different hormone mix, men do have some estrogen and progesterone. So men whose breast cancer is driven by those hormones can get hormone therapy similar to that

given to women. The side effects, though, can be more troubling for men.

“Men can get hot flashes from the hormone therapy and this is very distressing to them — they don’t want to go out in public with this, because they see hot flashes as a woman’s condition,” says Aggarwal.

*A tough medical and emotional battle*  
This is just one facet of the emotional turmoil that men with breast cancer may endure, suggests Aggarwal.

“They get very distressed,” she says. “In my experience, the first questions they will ask are, ‘Why do I have breast cancer? Are you sure that’s what it is?’ They tend to get depressed and socially isolated.”

Says Aggarwal, the psychosocial aspects of the disease can be especially difficult for male Veterans when they also have posttraumatic stress disorder or another mental health condition.

Fortunately, there is help on the emotional front. Aggarwal notes that at her VA medical center and others, support groups for breast cancer patients attract men as well as women.

By the same token, men with breast cancer can attend general cancer support groups. Much of the information will be the same, and they still have the opportunity to bond with other men who face potentially life-threatening cancers whether prostate, lung, colon or other forms.

Aggarwal is now seeking to connect with oncologists and others in VA who work with breast cancer patients to do a more extensive study.

“I would like to do a nationwide male breast cancer study,” she says. “It would need to be a wide collaborative effort, since the total number of cases at any one VA or in any one region would be too small. We could look at epidemiology, chemical and radiation exposure, biology of the cancer and psychosocial factors.”

Another federal study is already underway, by the Agency for Toxic Substances and Disease Registry of the Centers for Disease Control and Prevention, to determine whether male breast cancer is linked to toxic exposures at Camp Lejeune in North Carolina, a Marine base where the water supply was chemically contaminated from the 1950s through the 1980s. The results are expected in 2015.



# CLC Residents Enjoy Chicago-Style Luncheon

By **Kimaya Joshi, Dietetic Intern**  
Hines VAH Nutrition & Food Service

The Edward Hines, Jr. VA Hospital Food and Nutrition Service hosted its quarterly special meal for Veterans in the Hines Community Living Center (CLC)

on Oct. 1 during the noon meal.

To showcase the diverse and deeply rooted traditions of the Windy City, the event’s theme was “Chicago-style.” Through music, decorations, and most importantly food, the CLC Dining Room 217 was transformed to feel as though Veterans

were exploring the exciting city all over again. From classic Chicago-style hotdogs to deep dish pizza, they had it all!



Photos by DanDuVerney, Hines Media Service



# The Flu Shot: Why You Should Get Vaccinated

By **Lorry Luscri**  
*Hines VAH Health Promotion Disease Prevention Program Manager*

The flu vaccine can keep you from getting the flu. Even if you do get sick, the flu vaccine can make your illness milder. But perhaps don't want to get a shot because you don't mind the fever, cough, sore throat, fatigue, and other flu symptoms. You don't worry that you may feel sick enough to miss work or school, and spending two or three days in bed. You're not even concerned with complications that may result, such as pneumonia and bronchitis. Fair enough, but consider this: we vaccinate not only to protect ourselves, but to protect the people around us. Realize that getting the vaccine means you are less likely to give the flu to a

member of your family, co-workers, friends, and other people you come into contact with. Even if you bounce back quickly, others around you might not be so lucky. Older people, young children, especially infants younger than 6 months old who are too young to get vaccinated, pregnant women, those with weakened immune systems, and people with medical conditions like asthma, diabetes, and heart and lung disease are at especially at high risk for serious flu-related complications. Complications caused by the flu can cause you to become seriously ill. Every year in the U.S. the flu lands around 200,000 in the hospital, and kills an estimated 30,000. Kids, teens, and adults who are active and healthy also can get sick from the flu and spread it to others. Some people can even be infected with the flu virus but have

no symptoms. During this time, they can spread the virus to others. Shouldn't this give you the motivation you need to get the flu vaccine? Let's face it; no one wants to be the one to give someone else the flu. Protect yourself, your family, and the Veterans. Don't be the one spreading the flu. Today is the time to get vaccinated. "Don't hesitate - vaccinate!" For more information: <http://www.cdc.gov/flu/professionals/index.htm> and <http://www.immunize.org>



## WORD ON THE STREET

### Why do you get your annual flu vaccination?



Even though it's not mandatory, it's good to have so that you don't get the flu.  
-James Gruber  
Veteran



So I won't transmit the flu to the people I work with and the Veterans I work for.  
-Dr. Michael Richardson  
Spinal Cord Injury Center



I started getting it back in the 1950s in the Army and I've gotten it every year since.  
-Raymond Shepack  
Veteran



Because I want to fight the flu.  
-David Wells, Sr.  
Veteran



I want to stay healthy so I can work and take care of my patients.  
-Dr. Seema Limaye  
Geriatrics



It helps keep you healthy, and I haven't gotten sick since I've been getting the flu shot.  
-Larry Seymour  
Veteran



It helps keep me healthy!  
-Anita Robinson  
Veteran



To protect those around me and to protect the Veterans we care for everyday.  
-Ann Schmitt  
Education

## Hines Back in the Day



Veterans Library (Hines VAH Photo Archives)



## ORGANIZATIONAL HEALTH COMMITTEE

The goal of the Organizational Health Committee is to become the Employer of Choice by:

- Expanding the pool of qualified candidates who value the same philosophy of Veteran centered care
- Providing employees the resources to perform their jobs in an excellent environment
- Investing in employee development and employee recognition in a cost effective manner

Get ready for the annual All Employee Winter Celebration!

Coming Soon!

Details about the date and location will be announced once the event is finalized.

Sponsored by the Organizational Health Committee!



# HINES "QUARTER IN REVIEW" PHOTOS



Hines staff members Zachary Jones, Shawn Slagle and Pamela Mertel provided information to Veterans at the LaSalle CBOC on Nov. 6.



The Hines VA Hospital Special Emphasis Program for individuals with disabilities sponsored the first-ever Hines Disability Symposium on Oct. 15.



Proviso West High School Navy ROTC presented the Colors during the Employee Veteran Recognition Ceremony on Nov. 10.



Mr. Joseph Podlasek gave a presentation for the Native American Indian Heritage Month event hosted by the Hines VA Hospital Native American Employment Program (NAEP) on Nov. 12.



The Knights of Columbus donated 119 new wheelchairs to Hines VA Hospital on Oct. 11.



Hines employees participated in the Autumn Skills Fair on Oct. 9.



Retired NFL players John Janata (Bears), Dave Blaha (Denver), Bill Shick (Steelers), and Ron Cheatam (Cincinnati) visited Hines Veterans on Oct. 11.



# VA Fights Hard Against Veteran Identity Theft

The Department of Veterans Affairs (VA) launched a new campaign to educate Veterans about identity theft prevention. The new campaign, titled More Than a Number, references the personally identifiable information that VA encourages Veterans to protect.

“We recognize that for Veterans, as for all Americans in the digital age, identity theft is a growing concern,” said Steph Warren, VA’s Chief Information Officer. “Our goal is to help educate and protect those who have protected this great country.”

VA’s Office of Information and Technology recently announced the launch of a new website containing identity theft resources for Veterans and their beneficiaries. The website can be found at [www.va.gov/identitytheft](http://www.va.gov/identitytheft) and features educational information, interactive multimedia and links to other online identity theft prevention resources. The campaign also includes a toll-free help line offering sup-

port for Veterans, their beneficiaries and VA employees who have questions and concerns about identity theft. The toll-free number is 1-855-578-5492, and it will be open Monday through Friday from 8 a.m. - 8 p.m., EST.

In defending against identity theft, VA understands that awareness is critical. With More Than a Number, VA aims to educate Veterans on the risk of identity theft and how to avoid becoming a victim. “Small changes can have big consequences,” Warren added. “Little things like shredding banking statements before throwing them away or using strong and unique passwords for all of your accounts can make a significant difference in protecting your identity from thieves who may try to use your personal information.”

VA takes seriously its obligation to properly safeguard any personal information within its possession and has in place a strong multi-layered defense to combat evolving cyber security threats. VA is

committed to protecting Veteran information, continuing its efforts to strengthen information security and putting in place the technology and processes to ensure that Veteran data at VA is secure.

In the event of a loss of VA data, VA has safeguards in place to protect against identity fraud. Acting out of an abundance of caution, VA’s standard practice is to provide free credit protection service enrollment, monitoring services and reports, fraudulent charge alerts, and fraud resolution and identity theft insurance to individuals affected by a VA data breach with a reasonable risk for the potential misuse of any sensitive personal information.

For additional information on identity theft, visit [www.va.gov/identitytheft](http://www.va.gov/identitytheft).

**Hines VA Privacy Office**  
(708) 202-2118

**Hines VA Information Security Office**  
(708) 202-2405 or 5449

# Two Forms of ID Now Required for New VHIC

by Hans Petersen  
VA Staff Writer

Newly-enrolled Veterans or enrolled Veterans who do not have the legacy Veteran Identification Card (VIC) will need two forms of identification to request the new Veteran Health Identification Card (VHIC).

*Why Are Two Forms of ID Needed?*

VHICs are used to access U.S. military bases and, in some cases, allow access through U.S. airport security. As a result, VA wants to ensure the new VHICs are issued appropriately and to the correct person.

As of August 2014, to ensure your identity, VA has strengthened requirements to receive a new VHIC. Veterans must now provide one form of primary identification and one form of secondary identification when requesting a VHIC.

*Features of the New Veteran Health Identification Card (VHIC)*

Increased security for your personal information — no personally identifiable information is contained on the magnetic stripe or barcode.

Member ID is the unique identifier for the Veteran as established by the Department of Defense (DOD). If Veteran does not have a unique identifier from DOD,



the “Member ID” label and information will not be printed on the card.

The Plan ID is the unique Health Plan Identifier assigned to the Department of Veterans Affairs (VA) as established by the Centers for Medicare and Medicaid Services. This number is the same for all VHICs.

A salute to your military service — the emblem of your latest branch of service is displayed on your card. Several special

awards also will be listed.

The VHIC replaces the legacy Veteran Identification Card (VIC) and is issued only to Veterans who are enrolled in the VA health care system.

*Purpose of the VHIC*

The VHIC is for identification and check-in at VA appointments. It cannot be used as a credit card or an insurance card and it does not authorize or pay for care at

**SEE “VHIC” ON PAGE 14**

# EMPLOYEE SPOTLIGHT!

## Welcome to Hines!

Nizar Abulaila, Nursing  
Michael Albeza, Nursing  
Alma Alvarez, Nursing  
M. Alvarez-Cabrera, FMS  
Joann Bahri, Nutrition & Food  
Beatrice Baker, PAS  
Nancy Beaumont, PAS  
Andrea Billups, Research  
Justin Birnholz, Mental Health  
Tomasz Boltruczyk, Nursing  
Andrae Bowie, PAS  
Olivia Brush, Rehabilitation  
Dion Burton, PAS  
Susanna Byram, Surgery  
Michael Caldwell, Research  
Bianca Calhoun, PAS  
Ray Casimiro, Nursing  
Jeff Chua, Nursing  
Tamara Cobbs, Nursing  
Angeline Colella, PAS  
Courtney Cornick, Mental Health  
Jason Cruz, Nursing  
Edward Davila, PAS  
John Davis, Nursing  
Anne Day, Mental Health  
Marycon Derama, Nursing  
Danielle Defrees, Mental Health  
Benita Dharmarj, Research  
Jennifer Diamanti, Surgery  
Adam Dorzinski, Nutrition & Food  
Lawrence Doyle, FMS  
Michael Eagan, EMS  
Haley Eisenhardt, Rehabilitation  
Sonia Falk, PAS  
Nathan Fanter, Surgery  
Kallie Fennert, Nutrition & Food

William Fitch, PAS  
Margaret Fitzpatrick, Medicine  
Michael Fornaris, Nutrition & Food  
Jodene Fuentes, Nursing  
LaCharles Gibson, PAS  
Michael Griffin, Red Adju  
Patrick Grimes, PAS  
Dayna Grismanauskas, Rehabilitation  
Curt Hammitt, PAS  
Brooke Harris, HR  
Lazerrick Hartzog, PAS  
Dana Hayden, Surgery  
Randall Heckelsberg, FMS  
Jonathan Hessinger, Mental Health  
Kimberly Hinsley, PAS  
Lindsey Hoffman, Nutrition & Food  
Reeja Jacob, Imaging  
Christopher Jacobs, Imaging  
Carolyn Jones, FMS  
Ed Jones, Police  
Joe Jones, EMS  
Kimberly Jones, Nursing  
Kimaya Joshi, Nutrition & Food  
Neha Kansal, Medicine  
Lebordia Key, Nursing  
Samantha Krueger, Nutrition & Food  
Esther Ku, Imaging  
Patricia Kupchik, Rehabilitation  
Michelle Mack, OI&T  
Hanh Mai, Medicine  
Donald Marzullo, EMS  
Otis McBride, PAS  
Marsha McCoy, Nursing  
Charles Mitchell, Nursing  
Belinda Myrick, PAS  
Meghan O’Halloran, Medicine  
Shaunta Osborne, PAS  
Steve Page, OIT  
Nicole Patterson, Rehabilitation  
Joy Peralta, Nursing  
Julia Pfeiffer, Nutrition & Food  
Ryan Plichta, Surgery  
Rebecca Preston, Mental Health

Todd Preusker, Rehabilitation  
Akeen Rashad, Pharmacy  
Charlette Reynolds, Nursing  
Ramon Rivera, PAS  
John Robertson, Imaging  
Tatiana Roberson, PAS  
Bridy Robinson, Nutrition & Food  
Brandon Sanders, Mental Health  
Adam Schiff, Surgery  
Jamie Schmidt, Rehabilitation  
Alison Schoenrock, Rehabilitation  
Mary Shea, Surgery  
Elizabeth Sells, Nutrition & Food  
D’Lorah Small, FMS  
David Smith, Medicine  
Deonte Smith, Human Resources  
Steven Smith, Nutrition & Food  
Kathleen Spengler, Rehabilitation  
Delaney Stein, Rehabilitation  
Eileen Stevens, Rehabilitation  
Cheryl Stevenson, Nursing  
Amy Stueve, Nursing  
Kathryn Sweeny, Surgery  
Reynaldo Tacuboy, Nutrition & Food  
Kara Thomas, Nursing  
Kenneth Thomas, PAS  
Nica Thomas, PAS  
Yashika Thompson, PAS  
Eric Thorpe, Surgery  
Cordelia Tseumjah, Nursing  
Joseph Tumpis, FMS  
Jamie Walter, Mental Health  
Avery Warwick, Nutrition & Food  
Victoria Werts, Nursing  
Pierre Williams, PAS  
Julie Zook, Mental Health  
Ronald Zubrick, Rehabilitation

## Farewell Retirees!

Elizabeth Abas, Long Term/Ext Care  
Santhamma Abraham, PCS Surgery/Psychiatry  
David Barthwell, Mental Health  
William Baxter, Mental Health  
Franklin Cohen, FMS  
Michael Halm, FMS  
Grace Hines, Medicine  
Linda Hinz, Surgery  
Ann-Ming Hsieh, Medicine

Adelina Izquierdo, Imaging  
Elaine Krueger, Spinal Cord Injury  
Ralph Lawrence, Jr., Canteen  
Nannie Lenon, Nutrition & Food  
Pat McCoy, Quality  
Lester Nelson, Logistics  
Joan Ricard, Director’s Office  
Maggie Ross, Nursing  
Prabhulatha Sangha, Nursing

Dorothy Sawyer, Long Term/Ext Care  
Rose Schaumberg, LaSalle CBOC  
Robert Smith, Mental Health  
Charles Stoner, Fiscal  
Judy Tharani, Spinal Cord Injury  
Gracy Vachachira, Nursing  
Catherine Vetter, PAS  
Shirley Walton, PAS



Caring for Our Caregivers

Understanding the Problem

Nationwide, workers' compensation losses result in a total annual expense of \$2 billion for hospitals! Hospitals have serious hazards—lifting and moving patients, needle sticks, slips, trips, and falls, and the potential for agitated or combative patients or visitors—along with a dynamic, unpredictable environment and a unique culture. Caregivers feel an ethical duty to "do no harm" to patients, and some will even put their own safety and health at risk to help a patient.

**Hospital work can be surprisingly dangerous.** According to the Bureau of Labor Statistics, the likelihood of injury or illness resulting in days away from work is higher in hospitals than in construction and manufacturing—two industries that are traditionally thought to be relatively hazardous.

**Injuries and illnesses come at a high cost.** When an employee gets hurt on the job, hospitals pay the price in many ways, including: Workers' compensation for lost wages and medical costs; temporary staffing, backfilling, and overtime when injured employees miss work; turnover costs when an injured employee quits; and decreased productivity and morale as employees become physically and emotionally fatigued.

**Workplace safety also affects patient care.** Manual lifting can injure caregivers and also put patients at risk of falls, fractures, bruises, and skin tears. Caregiver fatigue, injury, and stress are tied to a higher risk of medication errors and patient infections.

If you see a near miss/unsafe situation, please report it via the:



**"VHIC" CONTINUED FROM PAGE 11**  
non-VA facilities.

**VHIC Issuance**  
Getting the new card is easy. In February 2014, VA began issuing the VHIC to newly enrolled Veterans and enrolled Veterans who were not previously issued the legacy VIC but who requested an identification card. VA will automatically mail the VHIC to enrolled Veterans who were previously issued the legacy VIC and will complete these mailings by winter 2014. There is no action required by these Veterans to receive the VHIC. Because of the volume of VHICs that will be mailed, VA asks for your patience during this time.

Enrolled Veterans who were not issued the legacy VIC may contact their local VA medical center Enrollment Coordinator to arrange to have their picture taken for the VHIC, or they can request a VHIC at their next VA health care appointment.

**Do We Have Your Correct Address?**

Important! Veterans who are already enrolled should ensure the address VA has on file is correct so they can receive their VHIC in a timely manner. To update or to confirm your address with us, call 1-877-222-VETS (8387). You also can view and change your address using the kiosk available at many VA medical facilities. If the post office cannot deliver your VHIC, the card will be returned to VA.

If you are not enrolled with VA for your health care, we encourage you to apply for enrollment online or by calling 1-877-222-VETS (8387). You may also apply for enrollment in person at your local VA medical facility. Once your enrollment is verified, you may have your picture taken at your local VA medical center so that a VHIC can be mailed to you. You also will

receive a Veteran Health Benefits Handbook welcoming you to VA.

**What to do if you do not receive your new VHIC**

If you are a new enrollee and had your picture taken at a VA Medical facility, you should receive your VHIC within 7 to 10 days after you request a VHIC. If you applied for enrollment and have not received confirmation of your enrollment status, we may be missing some required information, such as your military service or financial information. Although we strive to do all we can to ensure we enroll Veterans in a timely manner, this missing

information could result in a delay in processing your application for enrollment. If this is the case, we will try to contact you via telephone or mail to get the information we need to complete your enrollment application.

Again, we encourage Veterans who are already enrolled to ensure VA has their correct address on file. If you have moved or have a new address, please be sure VA has it so that you can receive your VHIC in a timely manner.

**What to do with your legacy VIC**

Until you receive the new, more secure VHIC, you are encouraged to safeguard your legacy VIC, just like you would a credit card, to prevent unauthorized access to your identity information. Once the VHIC is received, destroy your legacy VIC by cutting it up or shredding it.

If your VHIC is lost or stolen, you should contact your local VA Medical Facility to determine the nearest facility where you can get a new photo taken for a new card, or call us at 1-877-222-VETS (8387).

**Acceptable Identification Documents**

The legacy VICs and VHICs are acceptable forms of primary identification. Note that two forms of ID are now required, which means that the Veteran must have at least one primary and one secondary form of identification to receive a VHIC.

| PRIMARY ID<br>Government Issued Photo ID   | SECONDARY ID<br>Non-Picture ID and/or Acceptable Picture ID not issued by a U.S. Federal or State Government   |
|--|--|
| <ul style="list-style-type: none"><li>• Driver's license</li><li>• U.S. Passport or U.S. Passport Card (unexpired)</li><li>• Foreign passport with Form I-94 or Form I-94A (unexpired)</li><li>• U.S. Military card</li><li>• Military dependent's ID card</li><li>• USCG Merchant Mariner Card</li><li>• Foreign passport with temporary I-551 stamp</li><li>• Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li><li>• Federal, state, or local government issued ID card with a photograph</li><li>• Employment Authorization Document that contains a photograph (Form I-766)</li><li>• Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A</li><li>• School ID with photograph</li><li>**For persons under age 18 who are unable to present a document listed above:</li><li>• School record or report card</li><li>• Clinic, doctor, or hospital record</li></ul> | <ul style="list-style-type: none"><li>• Social Security Card</li><li>• Original or certified Birth Certificate</li><li>• Certification of Birth Abroad Issued by the Department of State (Form FS-545)</li><li>• Certification of Report of Birth issued by the Department of State (Form DS-1350)</li><li>• Voter's Registration Card</li><li>• Native American Tribal Document</li><li>• U.S. Citizen ID Card (Form I-197)</li><li>• Identification Card for Use of Resident Citizen in the United States (Form I-179)</li><li>• Employment Authorization document issued by the Department of Homeland Security</li><li>• Canadian Driver's License</li></ul> |
| <b>Kiosks are available at the Hines main campus and its Community Based Outpatient Clinics.</b>   |  |
| <b>To reach the Hines VA Hospital Enrollment Coordinators, call: (708) 202-8387 x24486</b>   |  |



# WHAT'S NEW IN CONSTRUCTION?

## Current Projects

### PROJECT

North Parking Lot B and SCI Parking Lot repaving  
Construct E85 filling station  
Renovate hospital front entrance  
Veterans Guest Internet Access  
Building 1 Restrooms (Sections C and D)

### ESTIMATED COMPLETION DATE

December 2014  
Winter 2014  
February 2015  
February 2015  
March 2015

## Upcoming Projects

### PROJECT

Repair and insulate Building 200 exterior (Façade replacement)

### ESTIMATED START DATE

Spring 2015

# Where's the Hines Mobile Medical Unit?

### Morris, Ill.

December 1, 2014  
212 W. Washington St.  
9 a.m. - 2 p.m.

### Aurora, Ill.

December 2, 2014  
750 Shoreline Dr.  
9 a.m. - 2 p.m.

### Kankakee, Ill.

December 3, 2014  
Corner of Court & Schuyler  
9 a.m. - 1 p.m.

### Orland Park, Ill.

December 5, 2014  
8651 W. 159th St.  
9 a.m. - 2 p.m.

### Yorkville, Ill.

December 8, 2014  
1505 N. Bridge St.  
9 a.m. - 2 p.m.

### St. Charles, Ill.

December 9, 2014  
311 N. Second St.  
9 a.m. - 2 p.m.

### Monee, Ill.

December 16, 2014  
25665 Governors Hwy.  
9 a.m. - 2 p.m.

### Sandwich, Ill.

December 18, 2014  
2465 W. Sandwich Rd.  
9 a.m. - 2 p.m.

### Pontiac, Ill.

December 22, 2014  
110 W. Water St.  
9 a.m. - 2 p.m.

### Oswego, Ill.

December 12, 2014  
3080 Route 34  
9 a.m. - 2 p.m.

### Diamond, Ill.

December 15, 2014  
1752 E. Division St.  
9 a.m. - 2 p.m.

### Watseka, Ill.

December 23, 2014  
1001 E. Grant  
9 a.m. - 2 p.m.

### Hampshire, Ill.

December 26, 2014  
995 S. State St.  
9 a.m. - 2 p.m.



To schedule the Hines Mobile Medical Unit for a Veteran-focused event, contact Tyler Goodwine at (708) 202-7179, or email him at [tyler.goodwine@va.gov](mailto:tyler.goodwine@va.gov).

# DID YOU KNOW?

## Ready to quit smoking?

### The VA can help you with your quit plan

#### Counseling

Talk to your doctor  
Attend a tobacco cessation group  
Call 1-855-QUIT-VET

#### Medications

Talk to your doctor about using the patch, gum, lozenge & other meds to help you quit



#### Self Help

Find other tips for quitting and VA resources at [www.publichealth.va.gov/smoking](http://www.publichealth.va.gov/smoking)

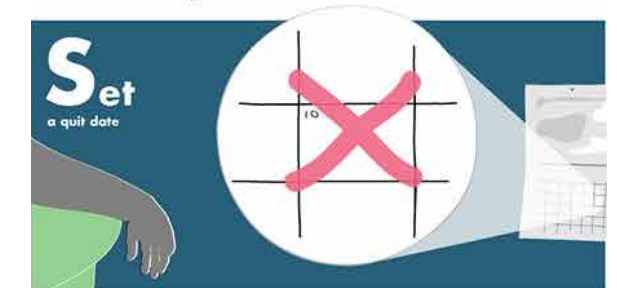
#### Support

Talk to your family & friends  
Text the word VET to 47848 for tips & help quitting

Quitting smoking is the single best thing you can do to improve your health. You have the power to quit smoking and to stay smoke free, and the VA has resources available to help.

## Call the quitline today 1-855-QUIT-VET

Make a Quit Plan. The VA has resources available to make sure you succeed. The first step is to **S.T.A.R.T.**



Your doctor can counsel you and prescribe medication to help you

## Counseling and Medication

Tools that give you the best chance of quitting smoking for good



#### Counseling

will help you build smoke-free habits. Once you quit, it continues to help you avoid tobacco for good.

#### Counseling + Medication

work together to help you cope with cravings and deal with triggers

#### Medication

Nicotine Replacement Therapy and other medications will ease the physical symptoms of withdrawal.

## Higher Success Rates





# Hines CBOCs

Hines currently operates six Community Based Outpatient Clinics (CBOCs), which are local, outpatient primary care clinics, to make access to healthcare easier. The clinics offer a variety of services including women's healthcare, laboratory services, retinal imaging, pharmacy and nutrition consultations, home-based primary care, group health education and mental health services. Some locations offer specialty care to include audiology assessments and hearing aid repair, physical therapy and rehabilitation, as well as geriatric care.

## Aurora CBOC

161 South Lincolnway  
North Aurora, IL 60542  
Phone: 630-859-2504

## Elgin CBOC

450 W. Dundee Rd.  
Elgin, IL 60123  
Phone: 847-742-5920  
Fax: 847-742-6124

## Joliet CBOC

1201 Eagle St  
Joliet, IL 60432  
Phone: 815-740-8100  
Fax: 815-740-8101

## Kankakee CBOC

581 William Latham Drive, Suite 301  
Bourbonnais, IL 60914-2435  
Phone: 815-932-3823  
Fax: 815-932-3827

## LaSalle CBOC

4461 N Progress Blvd  
Peru, IL 61354  
Phone: 815-223-9678  
Fax: 815-223-9683

## Oak Lawn CBOC

10201 S. Cicero  
Oak Lawn, IL 60453  
Phone: 708-499-3675  
Fax: 708-499-3715

Attention Hines Veterans! You are invited to:

## the VETERANS TOWNHALL Meeting

December 11, 2014

5:00 p.m. to 6:00 p.m.

at the Joliet Community Based Outpatient Clinic  
1201 Eagle Street  
Joliet, IL 60432

Hines Veterans, join us for this interactive town hall meeting where you will have the opportunity to ask questions, voice opinions and submit concerns.

Edward Hines, Jr. VA Hospital  
Serving with Pride

## "Calling all" Transitioning Veterans



You're invited to  
Benefits & Entitlements  
Orientation

"What you need to know about VA benefits vs VA entitlements,  
& MORE, every 3rd Tuesday of each month"

DEF-01F-0ND Presenter

Eric Blakely,

Transition Patient Advocate

REVIEW & ASK QUESTIONS ABOUT:

VA COMBAT Vet ELIGIBILITY  
VA BENEFITS  
EDUCATION BENEFITS  
VETERANS GROUP LIFE INS.  
MyHealthy e-Vet

COMBAT Vet Dental  
VA CLAIMS Process  
COMBAT CASE Mgmt.  
VA ELIGIBILITY  
VA Prescriptions

8:30 am - 9:30 am  
BLDG. 1 - C-SECTION  
CONFERENCE RM C131

For additional information call 708-202-4028 or 4794



# Upcoming Events and Observances

## November 2014

|    |  |    |                                    |
|----|--|----|------------------------------------|
|    | American-Indian & Alaska Native Heritage Month |    | National AIDS Awareness Month      |
|    | National Family Caregivers Month               |    | Epilepsy Awareness Month           |
|    | American Diabetes Month                        |    | National Alzheimer's Disease Month |
| 2  | Daylight Savings Time Ends                     | 15 | America Recycles Day               |
| 4  | General Elections                              | 20 | Great American Smokeout            |
| 8  | X-Ray Discovered (1895)                        | 20 | National Rural Health Day          |
| 10 | Marine Corps Established (1775)                | 21 | Cold War Formally Ended (1990)     |
| 11 | Veterans Day                                   | 27 | Thanksgiving Day                   |
| 13 | Fall of Kabul, Afghanistan (2001)              | 28 | Native American Heritage Day       |
| 14 | World Diabetes Day                             | 30 | Computer Security Day              |

## December 2014

|    |   |    |  |
|----|---|----|--|
|    | National Drunk & Drugged Driving Prevention Month |    |  |
|    | International AIDS Awareness Month                |    |  |
|    | Worldwide Food Service Safety Month               |    |  |
| 1  | World AIDS Day                                    | 16 | Boston Tea Party                       |
| 3  | International Day of Persons with Disabilities    | 21 | Winter Begins                          |
| 7  | Pearl Harbor Remembrance Day                      | 24 | Christmas Eve                          |
| 8  | U.S. Entered WWII (1941)                          | 25 | Christmas Day                          |
| 10 | Human Rights Day                                  | 26 | Kwanzaa Begins                         |
| 15 | Bill of Rights Day                                | 28 | Pledge of Allegiance Recognized (1945) |
| 16 | Battle of the Bulge (1944)                        | 31 | New Year's Eve                         |

## January 2015

|       |                                    |           |  |
|-------|------------------------------------|-----------|--|
|       | National Glaucoma Awareness Month  |           | National Volunteer Blood Donor Month       |
|       | Cervical Cancer Awareness Month    |           | Thyroid Awareness Month                    |
|       | National Radon Action Month        |           | Poverty in America Awareness Month         |
| 1     | New Year's Day                     | 23        | Women's Healthy Weight Day                 |
| 1     | Emancipation Proclamation (1863)   | 25        | National IV Nurse Day                      |
| 4-10  | National Folic Acid Awareness Week | 25-31     | National Certified Nurse Anesthetists Week |
| 5     | 114th Congress Assembles           | 27        | Liberation of Auschwitz (1945)             |
| 10    | National Cut Your Energy Costs Day | 27        | Vietnam Peace Agreement Signed (1973)      |
| 15    | Pentagon Completed (1943)          | 26-Feb. 1 | National Drug Facts Week                   |
| 19    | Martin Luther King Jr. Day         | 30        | Tet Offensive Began (1968)                 |
| 19-23 | Healthy Weight Week                |           |  |





| DEPARTMENT                         | BUILDING | FLOOR/ROOM      |
|------------------------------------|----------|-----------------|
| Admissions                         | 200      | 1st Floor       |
| Audiology                          | 228      | 1112            |
| Auditorium                         | 9        | 1st Floor       |
| Blind Rehabilitation Center        | 113      | 1st Floor       |
| Cafeteria                          | 45       | 1st Floor       |
| Chapel                             | 200      | C101            |
| Compensated Work Therapy           | 13       | 3rd Floor       |
| Compensation and Pension           | 12       | 2nd Floor       |
| Credit Union                       | 1        | A133            |
| Dental Clinic                      | 200      | 12th Floor      |
| Diabetes Clinic                    | 200      | 4th Floor       |
| Dialysis Clinic                    | 200      | 6th Floor       |
| Emergency Department               | 200      | 1st Floor       |
| ENT Clinic                         | 228      | 1112            |
| Extended Care Center               | 217      | 1st Floor       |
| Eye Clinic                         | 200      | A153            |
| Eye Diagnostic Lab                 | 200      | C129            |
| GU Clinic                          | 200      | B020            |
| Geriatric Outpatient Clinic        | 217      | 1st Floor       |
| Human Resources                    | 17       | 1st Floor       |
| Imaging (CT Scan, MRI, Ultrasound) | 200      | C105            |
| Laboratory/Blood Draw              | 200      | D110            |
| Lost and Found                     | 200      | A126            |
| Mental Health Outpatient Clinics   | 228      | 1st - 4th Floor |
| Mental Health Outpatient Clinics   | 13       | All Floors      |
| Non-VA Medical Care                | 9        | 101             |
| Nuclear Medicine                   | 1        | G201            |
| OEF/OIF/OND Program                | 1        | C129            |
| Optical Clinic                     | 228      | 1051            |
| Patient Advocate Office            | 228      | 1055            |
| Patient Education Resource Center  | 1        | G100            |
| Patient Financial Services         | 1        | E131            |
| Pharmacy                           | 200      | B128            |
| Post Office                        | 45       | Atrium          |
| Prosthetics                        | 228      | 5th Floor       |
| Radiation Therapy                  | 200      | Basement        |
| Rehabilitation Therapy Clinics     | 228      | Basement        |
| Reproduction                       | 1        | C126A           |
| Residential Care Facility          | 221      | 1st Floor       |
| Spinal Cord Injury/Disorder Clinic | 128      | 1st Floor       |
| Sub-specialty Outpatient Clinics   | 200      | 4th Floor       |
| Surgical Outpatient Clinics        | 200      | 5th Floor       |
| Voluntary Service                  | 9        | 1st Floor       |
| Women's Health Center              | 200      | 12th Floor      |
| X-ray                              | 200      | D101A           |